



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: NOVAMED EYE SURGERY CENTER OF NEW ALBANY LLC

Street Address: 520 West First Street

City: New Albany

County: IN

Administrator Name: Rebecca Reed

Administrator Email: rebeccareed@eyesurgeryna.com

ASC Web Address:

Fiscal Year: 2021

Accredited:  Yes  No

Name of Accrediting Body: AAAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures

Persons Served in twelve-month period	2869	4991
<b>B. Ten Most Frequent Surgical Procedures Performed</b>		
<b>CPT Code</b>	<b>Total Procedures</b>	
66984	3962	
66821	317	
66982	198	
0191T	96	
66998	75	
65820	68	
65420	50	
65426	27	
66180	24	
66986	21	

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	1
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